U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10730	2. Fiscal Year Covered From:	
į.	1 / 1 / 04 <sub>Through:</sub> 12 / 31 / 04	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Ralph Cassidy	Name Laborers' Local 727	
	Labor Organization File Number 00/746	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 104 Stevenson St.	768 Bloody Gulch Rd.	
City Ohio	City	
State Illinois ZIP Code + 4 61349	State Illinois ZIP Code + 461021	
5. Position in labor organization. Auditor		

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

**************************************		actions occional in the institutions):	
A. Held an interest in, engaged in transactions (in monetary value from an employer whose employer.)	cluding loans) with, or oyees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.	
6. Name and address of Employer (including trade nam	ne, if any).	7.a. Nature of Interest Transaction, or Income Please be advised that, based on the	
Name	entre de la companya	records that are currently in my	
Trade Name, if any:	· · · · · · · · · · · · · · · · · · ·	possession related to the calendar year 2004, I do not have, to the best of my knowledge, any LM-30 reportable transact:	ion
P.O. Box, Bldg., Room No., if any		I am filing this form in order to qualify as part of the DOL amnesty filing for 2007. Amount	У
Street		and prior five years.	
City			
State ZIP Code	÷ + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	 he
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Signed

ned Ralph Carridy

On 8-15-05

Date

8/5-376-7007 Telephone Number

Name of Person Filing Ralph Cassidy	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visustantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Same as section 7A of this report
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
en de la companya de La companya de la co	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered under	Porto A and Dishaus)
or from any labor relations consultant to an employer any payment of money or	parts A and B above) or other thing of value.
3.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.

13.a. Name and address of Employer o (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.
Name		Same as section 7A of this report
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.